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Public Pushes Back On CDC's Plan To Weaken Infection Control

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A CDC advisory group met this week but did nothing to assuage concerns that it will further roll back protections for patients and healthcare workers in nursing homes and hospitals.

As noted in an earlier post, the Healthcare Infection Control Practices Advisory Committee advises the CDC on guidelines for infection control in healthcare settings. HICPAC met in June and initially published slides outlining its draft guidelines, which suggest that N95 masks are no more protective than surgical masks. The guidelines caused an uproar within the medical community over concerns that the CDC would put workers and patients at increased risk by weakening infection control measures.

Registration for Tuesday's teleconference was robust. Interest in this little-know working group was intense enough that the CDC added a YouTube link; it was the first time that HICPAC had live-streamed its public meetings, per a CDC spokesperson. The link went dead after the meeting, and viewers saw a notice that it was now "private." After complaints from the public, the CDC reposted the video.

Given the public backlash about the draft recommendations, I expected the August 22 meeting to discuss Covid-19, masking and respiratory protections. I was mistaken. HICPAC's discussion on isolation was focused solely on contact, or barrier precautions, which are used primarily for wounds and contact with secretions from patients infected with MRSA or resistant organisms. There was no mention of respiratory isolation by the committee.

There were several recurrent themes from the public comments period, which HICPAC cut off after 41 minutes, leaving many people who had wanted to

personally address the committee unable to speak. Following are some of the major concerns they raised.

Aerosol Transmission Is Not Being Addressed

The first speaker indicated he was "just a member of the public." He stated that clean air is "the most effective tool for fighting a wide variety of airborne illnesses, and it will help with patients and medical staff alike. He noted that the CDC had previously stated that "N95 respirators offer better protection than surgical masks" but have now back-tracked. He criticized the absurdity of ventilation not being addressed, adding, "If I, a member of the public, can easily figure out how viral transmission works and how respirators and ventilation help, surely you can, too."

Further, several speakers expressed concern that HICPAC's draft proposal also fails to include ventilation, UV disinfection and HEPA filtration—all essential for controlling an airborne pathogen—nor enhanced protection from elastomeric masks or powered air-purifying respirators.

The Public Needs Protection From Asymptomatic Transmission

Kaitlin Sundling is a pathologist and member of the People's CDC, a coalition of public health practitioners, scientists, healthcare workers, educators and others working to reduce the impact of Covid-19. She recommended returning to universal masking with N95s or better respirators, particularly since asymptomatic transmission of Covid-19 is common. "If we only protect ourselves

against known or certain exposures, we put both patients and workers at risk."

Lack Of Experts And Flawed Literature

Many of the speakers expressed concern that the evidence review on N95 respirator and surgical mask effectiveness was cherry-picked and ignored abundant, real-world experience.

Rachel Weintraub, executive director of the Coalition for Sensible Safeguards, stressed that regulatory safeguards should focus on quality of life and pave the way for a sound economy. She and others want the CDC and HICPAC to seek input on proposed changes from the public and "key stakeholders, including health care personnel and their representatives, industrial hygienists, occupational health nurses, safety professionals and engineers including those with expertise in ventilation design and operation, research scientists including those with expertise in aerosols and respiratory protection."

Inconsistent Messaging

Shea O'Neill, a World Health Network volunteer and disabled rights advocate, pointed out that N95 masks are universally recommended for wildfire smoke, which is inconsistent with HICPAC's contention that surgical masks are equally effective. "It is really clear in wildfire smoke messaging that you wear only N95 respirator masks—that surgical cloth and dust masks aren't going to cut it," she said, adding that you'd never tell firefighters and vulnerable people in peak wildfire times, "Hey, you know what? I think we need more real-world studies."

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Jocelyn Donegan Peterson echoed earlier concerns and the absurdity that "The only Covid risks we are forced to take with our lives and long-term health are when we need medical care." She asked for "consistent messaging to educate the public about the true dangers of Covid and being disabled by long Covid."

Who Benefits When Guidelines Are Being Weakened?

Several speakers observed that requiring only the bare minimum of protections allowed employers to avoid protecting their employees in order to cut costs. Others noted it also protects employers from OSHA fines or liability suits from staff sickened at work.

Nathanial Nerode is a professional investor whose partner has contracted Covid-19 twice at doctor's offices. He suggested it is far less expensive to "buy a $40 respirator for each of your staff" than to face hundreds of millions of dollars in liability, disabled staff and reputational damage with people avoiding your hospital.

Workers Are Refusing To Mask

Liv Grace was one of many speakers who made emotional, moving pleas to the committee, showing the human toll of HICPAC's recommendations. Grace noted that they are a physically disabled cancer survivor, chronically ill and immunosuppressed. But "being unable to safely access medical care" is the hardest part. Grace said they became ill with RSV and pneumonia because an infusion center nurse refused to wear an N95. Since then, they have been sickened by Covid-19 and pneumonia twice. Grace notes, "One-way masking is not enough for me," they said. Hospitals have refused their requests, under Americans with Disabilities Act accommodations, to have healthcare workers mask, so Grace has put off seeking care so as not to risk being reinfected, endangering their health by doing so.

You can listen to Grace's impassioned testimony and other highlights here:

In a subsequent interview, Stanford sociologist Pantea Javidan, J.D., Ph.D., spoke of the power dynamics between patients and physicians and how that can make it nearly impossible for patients to request staff mask.

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Patients Are Avoiding Hospitals Because That Is Where They Get Ill

Several speakers noted that nosocomial (hospital-acquired) Covid-19 is deadlier than in the community because more vulnerable patients are affected. Covid-19 remains the third leading cause of death, so "updated guidances should be progressive, not regressive," said Javidan.

Gwendolyn Hill, a UCLA student, spoke of the risks she takes going to classes

where no one else masks. She has had Covid-19 three times and now is chronically ill. She, too, worries about seeking care since masking has been dropped, afraid of acquiring another infection. "Since the Environmental Protection Agency recognizes that covid is spread through aerosolized particles, standard precautions should involve universal high-quality, well-fitting, N95 masks," Hill noted.

A recurrent theme among the speakers was that there is no recognition from HICPAC of long Covid or the toll of recurrent infections.

Concerns Over HICPAC's Processes

In addition to raising concerns about the guidelines themselves, several speakers also criticized HICPAC's seemingly secretive processes.

Citing a July letter by 900 public health experts to CDC director Mandy Cohen, M.D., Deborah Gold, M.P.H., C.I.H. said they "are seriously concerned about the lack of transparency." She added, "Despite repeated requests, we have not seen a draft of the proposed guidelines. We have not seen the minutes of working groups or even of the previous meeting." Gold, retired deputy chief for health at California OSHA, also criticized the draft guidelines for not including early identification and isolation of infected people.

Peg Seminario, an industrial hygienist and co-author of the expert letter to the CDC, echoed Gold's comments. She emphasized that 20% of Covid-19 infections are healthcare related, reflecting a failure of current infection control practices to protect people.

Weintraub agreed, adding, "Create a public docket on the development of the guidelines and include all meeting minutes draft guidelines, all scientific evidence used in the development of the guidelines, and also comments from the public. Inform the public in advance when there will be a vote [to] increase the openness and transparency of this process."

Others expressed concern about biases among HICPAC members. Erica Shenoy, M.D., Ph.D., and Hilary Babcock, M.D., M.P.H., who serve on the committee, are lead authors of an *Annals of Internal Medicine* article, "Universal Masking in Health Care Settings: A Pandemic Strategy Whose Time Has Come and Gone, For Now."

In an interview, Javidan said the proposed changes feel like a "controlled

demolition of the kind of scaffolding" that had been built. "It doesn't make sense to actually destroy that infrastructure that's helping us to stay as safe as we can from" Covid-19. The current narrative is "just kind of getting rid of anything that reminds anyone of Covid-19."

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